► See separate instructions.

P	arti Reporting	Issuer						
1	Issuer's name		2	2 Issuer's employer identification number (EIN)				
	CI G5 20i 2036 C	Q2 Fund (A)		N/A				
3	Name of contact for additional information 4 Telephone			e No. of contact	5	5 Email address of contact		
	Duarte Boucinha 416-			-681-1752		dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not delivered to street address)				7	7 City, town, or post office, state, and ZIP code of contact		
	15 York Street, 2r	5 York Street, 2nd floor			Toronto, Ontari			
8	Date of action		9 Classification and description		·			
Tax Year 2023 Non-taxable dis				distributi	tribution			
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
Pa	art II Organizatio			statements if needed. S	See back o	of form for additional questions.		
	-					•		
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► A non-taxable distribution was made to shareholders throughout the 2023 taxation year.								
						of capital that occurred throughout		
		the 2023 tax				1 0		
			-					
15	Describe the quantitat	tive effect of the orga	nizational act	ion on the basis of the secu	urity in the h	nands of a U.S. taxpayer as an adjustment per		
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► 0.41121 per unit								
			-					
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	asis and the	data that supports the calcu	ulation, suc	h as the market values of securities and the		
		•						

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	IRC section 301(c)(2),					
				312 and 316					
18	Can an	resulting loss be recognized? \blacktriangleright N/A							
	–			NI/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		Date March 31, 2023						
пег	Sign								
	Drint	your name ► Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	e Only	Firm's name		Firm's EIN ►					
		Firm's address ►		Phone no.					

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054